

**Application for Insurance Benefits  
Multifamily Mortgage**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB No. 2502-0419 (exp.05/31/2007)

**Public reporting burden** for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0419) to the Office of the Chief Information Officer, U. S. Department of Housing and Urban Development, Washington, DC 20410-3600. The agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

This form collects data required for cancellation of multifamily mortgage insurance contracts and payments of mortgage insurance premiums. The information collection is needed when the mortgage goes into default and the lender files a claim for insurance benefits. The Department ascertains that the claim is a legitimate claim for mortgage insurance premiums. This information is required under 24 CFR Part 207.

**Mail To: Office of Financial Service, Multifamily Financial Operations  
Division, HQFM, Department of Housing and Urban Development, Washington, DC 20410-8000**

**To assign a mortgage:** Submit within 30 days after the date of the notice of election to assign.

**To convey Title:** Submit on the date the instrument of conveyance is filed for record.

Project No.	Name and Location of Project	Date
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The undersigned hereby applies for insurance benefits under the pertinent HUD regulations. It is understood that receipt of this executed form, filed in conformance with the above instructions, shall act to terminate the mortgagee's obligation to pay mortgage insurance premiums on the captioned project.

Name & Address of Mortgagee (include zip code)	Name & Address of Servicer (include zip code)
Signature & Title of Mortgagee Official (not needed if signed by servicer)	Signature & Title of Servicer Official (not needed if signed by mortgagee)

Previous edition is obsolete  
Send Original and 2 copies to MIAS at the address above. Mortgagee/Servicer should retain 1 copy.

form **HUD-2747** (5/2004)  
ref. Handbook 4110.2